## **EVALUATOR REPORT**

This report MUST be filled out in its entirety by the evaluator; the school may not fill out any section. Failure to comply may result in denial of the Program/Course and/or the Application for a Certificate of Approval to Operate a Colorado Occupational School.

(NOTE: Minor revisions do not require Evaluations. Please refer to the <u>Change/Revision FAQ's</u> for more information.)

	e of School							
og	ram/Stand Alone Course Title							
	Check all that apply:	ClassroomCorrespond	dence O	n-line				
I.	Evaluator Information							
	Name	Firm						
	Address							
	Street	City	Stat	е	Zip Code			
	Position			No. of	Years			
	Evaluator Phone Number (	required)						
	<b>Evaluator Email (required)</b>	l						
II.	Occupational Background please submit and attach the following:  A. Any State licenses held that are relevant to this evaluation (please submit copies)							
	i. State/License No. and expiration (attach) Exp							
	B. A <u>resume or bio</u> in addition to a brief description below (please submit)							
	Education (as related to this program/course)							
	·	<u> </u>						
		Experience (as related to this program/course)						
	Evnerionce (as related to this r	program/course)						
	Experience (as related to this p	program/course)						
	Experience (as related to this p	program/course)						
		program/course)						
	Evaluation Materials:							
	Evaluation Materials:  A. Did you receive a copy of the second of the se	the following items for revie	ew: Initials:	Yes N	lo			
	Evaluation Materials:  A. Did you receive a copy of the second of the se	the following items for revie	ew: Initials: Initials:	Yes N Yes N	lo			
	Evaluation Materials:  A. Did you receive a copy of the second of the se	the following items for revie	ew: Initials: Initials:	Yes N	lo			

## Indicate your assessment of each category below by placing your initials in the blank next to your selection:

III.	Program/Course Title									
	A. Is the title of this program acceptable to the									
,	industry?	Initials: Yes	No	Questionable						
IV.	Program/Course Objective  A. Is the program objective clearly stated?	Taitiala. Vaa	. Na	Owestianable						
		initials: Yes	5 INO	Questionable						
	B. Does the time required for completion of the total program seem reasonable in relation to the program	m								
	objective?	Initials: Yes	. No	Questionable						
V.	Curriculum (specific courses)	Indus. Tes	1	Questionable						
	A. Are the course objectives clearly stated?	Initials: Yes	No	Questionable						
	B. Is the content of the courses adequate to meet the	9								
	stated objectives of the program?		No	Questionable						
	C. Is the content of each course adequate to meet th	e								
	stated objective of each course?	Initials: Yes	No	Questionable						
	D. Is the sequence of subject matter and related									
	activities suitable for the attainment of the									
	specific objectives?	Initials: Yes	No	Questionable						
	E. Are safety precautions required?	Initials: Yes	No	Questionable						
	If yes, do they seem adequate?	Initials: Yes	No	Questionable						
	F. Is the equipment and supply list satisfactory for									
	meeting the needs of business or industry?	Initials: Yes	No	Questionable						
	G. Is the theory allotted each subject sufficient	Talkialas Maa	NI.	Our all an abla						
	to support practical or lab activities?	Initials: Yes	5 NO	Questionable						
	H. Does the curriculum provide specific and related									
	knowledge necessary for occupational competence at an entry level with minimum supervision?	: Initials: Yes	. No	Questionable						
	I. Are prerequisites or entry requirements adequate	Tilidais. Tes	INO	Questionable						
	to meet program objectives?	Initials: Yes	. No	Questionable						
	J. Does curriculum provide for adequate skill	Indus. Tes		Questionable						
	development through meaningful activities?	Initials: Yes	. No	Questionable						
	K. What can a student who has completed a program									
	of this nature expect to earn upon entry into this	•								
	occupational field?	\$								
	·									
VI.	Please comment on those items checked with "	Please comment on those items checked with "NO" or "Questionable."								
(Us	se a separate page if additional space is needed.)									
/TT	Decomposedations totals Assessed									
VII.	<b>Recommendation:</b> Initials:Approval Initials:Non-approval of Progra	m/Stand Alone Cours	e in current f	orm						
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	undersigned agrees <u>there exists no personal or bu</u>									
	er(s) and agrees not to make copies or divulge an	y of the conten	t of the p	rogram or						
cours	se materials evaluated.									
	Cianatura	Data								
	Signature	Date								